



REQUESTOR CONTACT INFORMATION				
Date: July 7, 2015		Effective term of request (Semester-Year): Spring 2016		
Name: Stuart Lau		Title: Registrar		
Campus: Manoa		Office/Department: Office of the Registrar		
Phone: 956-5322		Email: stuartl@hawaii.edu		
1. PROGRAM CODE, MAJOR CODE, CONCENTRATIO	ON CODE		Banner forms: SMAPRLE, SOACURR, STVMAJR	
Institution: UH Manoa (MAN)	College: 25		Department: Kinesiology & Rehabilitation Sciences	
☐ New program code				
Level: Indergraduate Graduate Fi	rst-Professional	Post-Baccalaureate	Other:	
Degree: BS Ce		Certificate:		
If requesting an existing Major code and/or Concentration code in Banner:				
Existing Major: Code Description		Existing Concentration	On: Code Description	
If requesting a new Major code or Concentration code that does not exist in Banner:				
New Code [4 char/space limit]: Description [30 char/space limit]:				
If a similar major/concentration code exists in Banner, please list the code:				
Is this major/concentration code being used the same way at other UH campuses?				
Is 50% or greater of the classes in this program offered at a location other than the Home Campus? Yes No (Please consult your Financial Aid Officer on Program Participation Agreement impact)				
Is this program/major/certificate financial aid eligible?				
Should this program be available for applicants to select as their planned course of study on the online application? Yes No (If yes, students may select the code as their only program of study.)				

Replacing or eliminating an existing program code:					
If replacing an existing program code, are current stud-	ents "grandfathere	ed" under	the old	d code? Yes 🔽 No	
Should the old program code be available for use in Banner? Ves No					
Onlin Recru Admi Gene	er Module e Application uitment ssions ral Student emic History	Yes	NO	Ending Term (Semester-Year) 201610 201610 201610 201610 201610	
2. CERTIFICATES ONLY:					
Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)? Yes No (Please consult your Financial Aid Officer or see: http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html)					
For new certificates approved by the Chancellor, the related BOR authorized academic program is:					
3. NEW CAMPUS, COLLEGE, DIVISION, OR DEPARTME	NT CODE			Banner forms: STVCAMP, STVCOLL, STVDIVS, STVDEPT	
Campus code [3 char]:	Campus descrip	otion [30 ch	ar/spac	e limit]:	
College code [2 char]:	College descrip	College description [30 char/space limit]:			
Division code [4 char/space limit]:	Division descrip	Division description [30 char/space limit]:			
Department code [4 char/space limit]:	Department description [30 char/space limit]:				

4. NEW COURSE SUBJECT CODE (Subject Alpha) Banner form: STVSUBJ		
College:	Department:	
Subject code [4 char/space limit]:	Subject description [30 char/space limit]:	
5. NEW MINOR (Minor codes are listed on the Major code t	able) Banner form: STVMAJR	
Minor Code [4 char/space limit]:	Minor Description [30 char/space limit]:	
	*	
Please briefly describe your request and explain wh	y you are requesting the code(s):	
Program has been replaced with KRS8-BS. Refer to earl	ier request to create new Banner code KRS8-BS.	
SUPPORTING DOCUMENTATION		
Please see the Code Request Guide for the required	supporting documents to be submitted. Documents submitted with this form:	
☐ Board of Regents meeting minutes and supp	porting documents provided to the BOR	
☐ Memo from UH President		
Memo from Chancellor		
Curriculum (required for requests for new p	rograms/majors/minors/certificates)	
Gainful Employment Program notification to	the US Department of Education	
Other:		

CAMPUS VERIFICATION				
Requestor Signature 550 7	Date July 7, 20	15		
Registrar (If different from Requestor)				
Print name Email/memo in lieu of Registrar's signature may be a	Signature ttached	Date		
Financial Aid Officer (Financial Aid Officer con	nsultation required for all new program codes)			
Print name	Signature	 Date		
Email/memo in lieu of Financial Aid Officer's signatur				
For Community Colleges, verification of	f consultation with OVPCC Academic Affairs:			
Print name Email/memo in lieu of signature may be attached	Signature Date			

Send completed form and supporting documentation to:

Institutional Research and Analysis Office (IRAO)

1633 Bachman Place

Email: iro-mail@lists.hawaii.edu

Sinclair Annex 2, Room 4

Fax: 808-956-9870

Honolulu, HI 96822 Phone: 808-956-7532

After <u>all</u> required forms and supporting documents have been submitted, please allow at least two weeks for processing by IRAO and Banner Central.

FOR INTERNAL USE ONLY	Date form/docs received:
Program code [12]:	Program Description [30]:
CIP code [6]:	CIP description [30]:



April 10, 2013

MEMORANDUM

TO:

Reed W. Dasenbrock

Vice Chancellor for Academic Affairs

Dean, College of Education Ruth Pattinan

SUBJECT:

Changing one of the specialization names in the KRS BS from Health and

Exercise Science and Lifestyle Management to Health and Exercise Science

SPECIFIC ACTION REQUESTED:

It is requested that the Vice Chancellor approve changing one of the specialization names in the KRS BS from Health and Exercise Science and Lifestyle Management to Health and Exercise Science. This change in the name of the specialization accurately reflects the current program, which no longer includes a recreation specialization.

RECOMMENDED EFFECTIVE DATE:

Spring 2014

ADDITIONAL COST:

There is no additional cost (no change in faculty or program requirements).

PURPOSE:

The purpose of this request is to change one of the specialization names in the KRS BS from Health and Exercise Science and Lifestyle Management to Health and Exercise Science.

BACKGROUND:

The Department of Kinesiology and Rehabilitation Science (KRS) dropped the Recreation specialization in the BS degree when the department changed from Kinesiology and Leisure Science (KLS) to KRS. This change in name from Health and Exercise Science and Lifestyle Management to Health and Exercise Science accurately reflects the current specialization.

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ACTION RECOMMENDED:

It is recommended that the Vice Chancellor approve changing one of the specialization names in the KRS BS from Health and Exercise Science and Lifestyle Management to Health and Exercise Science.

APPROVED / DISAPPROVED:

Reed W. Dasenbrock
Vice Chancellor for Academic Affairs

c: Beth Pateman, Interim Associate Dean for Academic Affairs, COE
Julienne K. Maeda, Chair, Kinesiology and Rehabilitation Science, COE
Stuart Lau, University Registrar
Diane Nakashima, Catalog Office
Roberta Enoki, Scheduling Office